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United States District Court
Southern District of New York 28 M 9: 59

LARRY A Anderson	
Write the full name of each plaintiff.	CV (Include case number if one has been assigned)
-against- GM MÖTORY ShARE HOLD MARY BARRA MARK REUSS Dan Amman Write the full name of each defendant. If you need more	COMPLAINT PO you want a jury trial? Yes Tho
space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

contained in Section II.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same state as any plantin.
What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated? Fed Motor Carrier Act Patienal TRAFFIC & Motor Vehicle Safety Vehicle, Safety Act Fed Motor Vehicle Safety Standards. Fed Reporting Safety Risks For ALL SM Cars Do Not drive Order ALL Logos PRINTED OF NOTICE B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff,, is a citizen of the State of, (Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is	an individual:	•	
The defendant,	(Defendant's name)	, is a citizen of the Stat	e of
subject of the fore		dence in the United States, a citizen	or
If the defendant is			
The defendant,		, is incorporated under the la	aws of
the State of			
and has its princi	pal place of business in the S	tate of	
or is incorporated	d under the laws of (foreign st	ate)	
and has its princi	pal place of business in		• : ,
If more than one d		aint, attach additional pages providing	
II. PARTIES			
A. Plaintiff Info	ormation		
Provide the followi pages if needed.	ng information for each plaint	iff named in the complaint. Attach add	litional
Mary	•	BARRA	
First Name	Middle Initial	Last Name	
PenerAL	Motor 6m Ke	aissance Center	
Street Address	oit M	Tichiaan	
County, City	Stat	zip Code	
(888) 3	18 3080	ail Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	MARY First Name	BOKRA Last Name		
	CMRONA Current Work Addres DETROIT	other identifying information) SSANCE CENT ss (or other address where defe	an	
	County, City	State	Zip Code	
Defendant 2:	MARK	Reuss	*	
	eRAL Moton			
	Current Job Title (or Rent Rent)	other identifying information)	iter Om Co.	
	Current Work Addres	ss (or other address where defe	endant may be served)	
	County, City	State	Zip Code	
Defendant 3:	Dan	Amma	nn	
	First Name PRESIDEN	Last Name FOR CENCRA	Lin Jan 2014	
	Current Job Title (or other identifying information) CM RENAISSANCE CENTER C-MCG			
	Current Work Address (or other address where defendant may be served)			
	DETROIT	11/19/04		
	County, City	State	Zip Code	

Defendant 4:				
	First Name	Las	t Name	
	Current Job Title	(or other identify	ing information	1).,,
	Current Work Ad	dress (or other ac	ddress where d	efendant may be served)
	County, City		State	Zip Code
III. STATEME	NT OF CLAIM			
Place(s) of occurr	rence:			
4.				
Date(s) of occurr	ence:			
FACTS:				*
harmed, and who additional pages Cobol+ Hhis C	at each defendant	personally did of BOUGH BOUGH LATCH SAKE ALL	r failed to do t	thappened, how you were hat harmed you. Attach 2005 Chevy (now that and a factor) and a factor a
FAULT	IGNIT	TONSI	SHOW	HAGT Can
on the	PINAL	STREE	ts ave	donthe
High u	Jausin	mouil	19 TR	Affice This
CAROL	whits	ownf	URNE	doffthe
MAR IT	Self	nandi	TMES	sin the
midst	of TRA	ffic:	thait	Causedme
inflic	etions,	gt En	10/10/	jal Stress
es an	J KISH	30fh	ARM	5

Tunuld take my areant around
daughter Back and forth to her
DR Appoints She caused me
to Remember that once the ignit-
ion Switch turned of on its own
Causing A Car to hit my 2005
Chevy tobolt The Car ygs
Close to my 2005 Chevy Copolt
When the ignition Switch in my
Car Shut of by it self. The Badig
INJURIES: NITION SWITCH COUSED THE accident.
If you were injured as a result of these actions, describe your injuries and what medical
treatment, if any, you required and received.
Mental Emotional Stresses
Mental Memories
Just knowing that the maltunction
Ingianition Switch at times had
complete control of my car while
IV RELIEF, ORIVING Franhile putting my
IV. RELIEF, ORIVING IT While putting my State briefly what money damages or other relief you want the court to order.
05000 1011006
250,000 dollar's
<u> </u>

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

proceed without prepayment of fees, each	•	
September 22, 2021	Ha	ry leggesor
Dated	Plaintiff's :	Signafure
LARRY A	An	derson
First Name / Middle Init	tial Last Name	
3006 M. PRISCI	IM AU	
Street Address	/	
Marion	Indiana	1 46218
County, City	State	Zip Code
317		
Telephone Number	Email Add	ress (if available)
·		
I have read the Pro Se (Nonprisoner)	Consent to Receive D	ocuments Electronically:
☐ Yes ☐ No	consent to receive 2.	ceaments Electronically.
If you do consent to receive docume		







